

**IN THE CIRCUIT COURT FOR HILLSBOROUGH COUNTY, FLORIDA
PROBATE AND GUARDIANSHIP DIVISION**

IN RE: GUARDIANSHIP OF

File No.:

Division:

**PHYSICIAN'S REPORT
(Required by Florida Statutes, Section 744.3675)**

1. Name of Physician: _____
Address: _____

2. Name of ward: _____
3. Date of examination: _____
4. Evaluation of ward's condition: (Specify mental and physical condition at time of examination)

5. Description of ward's capacity to live independently:

6. The ward (does) (does not) continue to need the assistance of a guardian.
7. Is the ward capable of being restored to capacity at this time? (Yes) (No)
8. Date of this report: _____
9. Signature of physician completing this report: _____